Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider:
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):
Address of Service Provider: Reston VA 20190
Name of Agent Designated to Receive Notification of Claimed Infringement: MR. ROBERT THORNEURGH
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location): 1250 Roger Bucon Dr. Suite 9
Telephone Number of Designated Agent: 703-779-8145
Facsimile Number of Designated Agent: 703-777-5964
Email Address of Designated Agent: bthornburgh@imsp.org
Signature of Officer or Representative of the Designating Service Provider: Date: 6/6/00
Typed or Printed Name and TimeIR. ROBERT THORNBURGH - COO

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED



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